Eff. Date ___3-1-86_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

TN# 86-1

Supersedes TN# -7874

State of	Kentucky		
TTORNEY	GENERAL'S CERTIFICATION	,	
certif	y that:		
Th	ne Department for Medicaid Se	ervices is the	
singl	le State agency responsible f	for:	
X	administering the plan.		
	The legal authority under woon a Statewide basis is	which the agency administers the plan	
	KRS 194.030 and Executive	e Order 85-967 issued pursuant to KRS 12. (statutory citation)	028
	divisions.	ion of the plan by local political sub- hich the agency supervises the administra basis is contained in	tion
		(statutory citation)	
	The agency's legal authority binding on the political su	y to make rules and regulations that are bdivisions administering the plan is	
		(statutory citation	
Marc	th 27, 1986		
DATE		Signature Walt Cumstione	
		Attorney General Title	
			•

Approved_ 6-23-86